Application For DMR Eligibility

													Today's Date:			
Applica	ant															
Name:																
	first			MI				Last								
Street:								Street 2								
Ou cou.								Oli CCI Z		.О. Во	ox, etc.					
0						0.						7: 0				
City:						Sta	ate:				•	Zip Co	oae:			
						Home									Hor	ne 🗌
Phone:						Work		Phone:							Wo.	=
	inciuae	area code an	a extension		<u>_</u>	Cell			includ	ie area	a code and	extension	1		Cell	
SS # :								Gender:	Male		Female					
Date of	Rirth:						Dr	imary Lan	unaue.					Interpreter	Yes	
Date of		MM DE	YYYY		•			ther than E						Needed:	No	
Has app	licant ap	plied for DMR	Eligibility in	the past	?	Yes [If yes, in w	_	n?				In what year?		
						No [
Referre	ed By (L	EA, Agenc	y)													
								_								
Name:								Agency:								
Street:								Street 2:								
									Apt.,	P.O. B	ox, etc.					
City:								State:				Zip C	ode:			
					Home							-				
Phone:	Include	area code an	d aytanaian		Work Cell			email a	ddress	:						
	include	area coue an	u extension		Cell	Ш					Yes 🗌					
Does th	ne indivi	idual know y	ou are requ	esting [OMR eliç	gibility o	n hi	s/her beh	alf?		No 🗌	Comme	nts:			
Contac	t Perso	n- Must be	completed		1											
Comac		made so	- Completed		1											
Name:														Relationship to		ant
Street:						Street 2	<u>:</u>	:					Check all that apply Parent	<u>'</u>	1	
							Ар	t. P.O. Box,	etc.					Child		
City:						State:			Zip C	odo:				Sibling Spouse	_ F	
City.				Home		State.	_		_ Zip C	oue.		Home	П	Other Relative	$\dashv \vdash$	_
Phone:				Work		Phone:						Work		Friend		
				Cell								Cell		Guardian	_]
email a	ddress:													Other	_ _	
Additio	nal Co	mments (68	8. Special	Circum	stance	s eme	raer	cv. hour	s vou c	an b	e reache	d. etc.)				
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Commo	nweath	of	٨	Region	al Fligib	nility Co	ordii	nator				For	Region	ial Office Use		
Massac		 		ional Eligibility Coordinator ase refer to attached Protocol.)							Only					
	Department of											Da	eived by RET			
Mental Retarda	ition	É														
. votarua			\													
	Perso	n Completin	g Form:									Phone:				
			<u> </u>	P	lease Pr	rint								Important: Include	phone	#